

Attorney Docket No.: 0200105

C.C2643

AMENDMENT COVER SHEET

N	RE	APP	LICA	TION	OF:	Frank	Sacca
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SERIAL NO.: 09/676,742 FILED: September 29, 2000

RECEIVED

FOR: Surge Protection for a Data Access Arrangement

DEC 0 5 2003

HONORABLE COMMISSIONER FOR PATENTS

P.O. Box 1450, Alexandria, VA 22313-1450

Technology Center 2600

Sir/Madam:

Transmitted herewith is a paper in the above-identified application. Any necessary extension of time period set for this paper is hereby requested.

- □ No additional fee is required.
- ☑ The fee has been calculated as shown below:

☑ EXTENSION FEE	RATE Non-Small Entity	RATE Small-Entity	FEE
FIRST MONTH AFTER TIME PERIOD SET	110.00	55.00	\$ 110.00
SECOND MONTH AFTER TIME PERIOD SET	420.00	210.00	\$
THIRD MONTH AFTER TIME PERIOD SET	950.00	475.00	\$
FOURTH MONTH AFTER TIME PERIOD SET	1,480.00	740.00	\$

- ▼ TOTAL EXTENSION FEE \$ 110.00
- FEE FOR EXTRA CLAIMS added by Amendment in this response:

•	Column 1	Column 2	Column 3			
	Number of Claims after Amendment	Number Previously Paid for	Number of Extra Claims	RATE Non-Small Entity	RATE Small Entity	FEE
TOTAL CLAIMS	17	MINUS **20	* = 0	x 18	x 9	\$
INDEPENDENT	3	MINUS ***3	* = 0	x 86	x 43	\$
First presentation of multiple dependent claim				+ 290	+ 145	\$

TOTAL FEE FOR EXTRA CLAIMS \$ 0.00

- * If the entry in Column 1 is less than the entry of Column 2, write "0" in Column 3.
- ** If the number of Total Claims previously paid for is less than 20, write "20" in this space.
- *** If the number of Independent Claims previously paid for is less than 3, write "3" in this space.

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П	Total fee for Supplemental Information Disclosure Statement \$			
×	Enclosed is the total fee of \$ 110.00 (Payment by Credit Card, Form PTO-2038 Enclosed).			
	Please charge Deposit Account No. 50-0731 in the amount of \$			
X	The Commissioner is hereby authorized to charge payment of any additional fees associated with this communication or credit any overpayment to Deposit Account No. 50-0731. A duplicate copy of this sheet is enclosed.			
Date: _	12/1/03	By: Michael Farjami, Reg. No. 38,135		
		CERTIFICATE OF MAILING I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on:		

Typed or Printed Name of Person Mailing Paper and/or Fee

Signature

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